FEE TRANSMITTAL
FY 2004

Express Mail Mailing Label No. EV334229626US

Complete if Known			
Application Serial Number	09/754,831		
Filing Date	January 3, 2001		
First Named Inventor	Oppermann		
Group Art Unit	1646		
Examiner Name	E.C. Kemmerer		
Attorney Docket No.	STK-008CN		

METHOD OF PAYMENT	FEE CALCULATION (continued)			
1. A Payment Enclosed:	3. ADDITIONAL FEES			
Check Money Order Other	Large	Small		
	Entity	Entity		l l
2. The Commissioner is hereby authorized to credit	Fee	Fee	Fee Description	Fee Paid
or charge any fee indicated below for this submission	(\$)	(\$)		
to Deposit Account No. 20-0531.	, ,	, ,		
Required Fees (copy of this sheet enclosed).	130	65	Surcharge - late filing fee or oath	
Additional fee required under 37 CFR 1.16 and	50	25	Surcharge - late provisional filing fee	-
•	30	23	or cover sheet	
1.17.	120	120		
Overpayment Credit.	130	130	Non-English specification	
3. Applicant claims small entity status.	2,520	2,520	Request for ex parte reexamination	
FEE CALCULATION	110	55	Extension for reply within first month	
1. FILING FEE	420	210	Extension for reply within second	420.00
			month	
Large Entity	950	475	Extension for reply within third month	
Fee (\$) Fee Description Fee Paid	1480	740	Extension for reply within fourth	
•			month	
	2010	1005	Extension for reply within fifth month	
770 Utility filing fee	330	165	Notice of Appeal	
340 Design filing fee	330	165	Filing a brief in support of an appeal	
160 Provisional filing fee	290	145	Request for oral hearing	
	130	130	Petitions to the Commissioner	
	180	180	Submission of Information Disclosure	
Number Number Rate Amount			Statement	
Filed Extra	770	385	Filing a submission after final	
			rejection (37 CFR 1.129(a))	
Total Claims $-20 = x \$ 18.00 =$	770	385	For each additional invention to be	
Total Claims $-20 = x \$ 18.00 =$	770	363	examined (37 CFR 1.129(b))	i
Independent	100	100	Certificate of Correction for	
Claims - 3 = x \$ 86.00 =	100	100	applicant's error	
Ciantis - 3 - X \$ 60.00 -	110	55	Submission of Terminal Disclaimer	
☐ Multiple Dependent Claim(s), if any \$290.00 =			Submission of Terminal Discianner	
☐ Multiple Dependent Claim(s), if any \$290.00 =	Other fee (Specify) Other fee (Specify)			
TOTAL.	Other fee (Sp	ecity)		
TOTAL: SMALL ENTITY DISCOUNT:				
2. AMENDMENT CLAIM FEES			CYTEMORY I (2)	120.00
Claims Highest No. Present Rate Fee Paid			SUBTOTAL (3) (\$) 4	120.00
Remaining Previously Extra				
After Amend. Paid For				
Total - = x \$ 18.00 =			SUBTOTAL(I)	0.00
Indep = x \$ 86.00 =	SUBTOTAL (2) 0.00			
First Presentation of Multiple Dep. + \$290.00 =				420.00
Claim				
TOTAL: (\$)			_	
SMALL ENTITY DISCOUNT: (\$)				
SUBTOTAL (2) (\$)0.00			TOTAL (\$)	420.00
(2)				
CORRESPONDENCE ADDRESS	SIGNATURE BLOCK			
Direct all correspondence to:			Respectfully submitted,	
Patent Administrator	180 M			
Testa, Hurwitz & Thibeault, LLP	7			
High Street Tower-125 High Street	Reg. No.: 51,551 Fangli Chen			
Boston, MA 02110	Tel. No.: (617) 310-8389 Agent for the Applicants			
Tel. No.: (617) 248-7000	Fax No.: (617) 248-7100 Testa, Hurwitz & Thibeault, LLP			
Fax No.: (617) 248-7000	High Street Tower-125 High Street			
1 ax 140 (017) 240-7100			Boston, MA 02110	]



## Express Mail Mailing Label No. EV334229626US

PRETITION FOR EXTENSION OF TIME UN	Attorney Docket Number STK-008CN				
In re Application of Oppermann et al.					
App	Application Serial No. 09/754,831				
File	Filed: January 3, 2001				
Gro	up Art Unit: 1646	Examiner: E.C. Kemmerer			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.					
The requested extension and appropriate non-sma (check time period desired)	ll-entity fee are as follow	S			
One month (37 CFR 1.17(a)(1))	\$				
Two months (37 CFR 1.17(a)(2))	\$ 420.00				
Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4))		\$ \$ \$			
Five months (37 CFR 1.17(a)(4))	\$				
<ul> <li>□ Applicant claims small entity status under 37 amount shown above is reduced by one-half,</li> <li>□ A check in the amount of the fee is enclosed.</li> <li>□ The Commissioner is hereby authorized to chaccount No. 20-0531. Enclosed is a duplicate.</li> </ul>	and the resulting fee is: Start and the resulting fee is: Start and the required fee to I	\$			
The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.					
Return receipt postcard enclosed.					
I am the assignee of record of the entire interest.  applicant.  attorney or agent of record.  attorney or agent under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a).					
CORRESPONDENCE ADDRESS	SIGNATURE BLOCK				
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, L High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100	Date: July 29, 2004 Reg. No. 51,551 Tel. No.: (617) 310-838 Fax No.: (617) 248-7100				

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